



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95885	Employer's ID Number	61-1013183
Organized under the Laws of	Kentucky			State of Domicile or Port of Entry	KY	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [ X ] No [ ]					
Incorporated/Organized	08/23/1982			Commenced Business	09/23/1983	
Statutory Home Office	500 West Main Street (Street and Number)			Louisville , KY, US 40202 (City or Town, State, Country and Zip Code)		
Main Administrative Office	500 West Main Street (Street and Number)			502-580-1000 (Area Code) (Telephone Number)		
	Louisville , KY, US 40202 (City or Town, State, Country and Zip Code)					
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)			Louisville , KY, US 40201-7436 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	500 West Main Street (Street and Number)			502-580-1000 (Area Code) (Telephone Number)		
	Louisville , KY, US 40202 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.humana.com					
Statutory Statement Contact	Stephenie Abel (Name)			502-580-2050 (Area Code) (Telephone Number)		
	DOIINQUIRIES@humana.com (E-mail Address)			502-580-2099 (FAX Number)		

OFFICERS

President & CEO	Bruce Dale Broussard	Sr. VP & CFO	Brian Andrew Kane
VP & Corporate Secretary	Joseph Christopher Ventura #	VP & Chief Actuary	Marie Vanessa Olson #

OTHER

Alan James Bailey, VP & Treasurer	John Edward Barger, III, VP of Dual Eligible & Medicaid Programs	Elizabeth Diane Bierbower, Pres, Group Segment
Renee Jacqueline Buckingham, VP & Div. Leader - Northern Division	John Gregory Catron, VP & Chief Compliance Officer	Charles Wilbur Dow Jr., Reg. Pres-Sr Products/Great Lakes Reg./Central North Region
Douglas Allen Edwards, Vice President	Jeffrey Carl Fernandez, Seg. VP, Retail West and MarketPOINT	Brian Phillip LeClaire, Ph.D., Sr. VP & Chief Information Officer
Heidi Suzanne Margulis, Sr. Vice President	Susan Lynn Mateja #, Appointed Actuary	Mark Matthew Matzke, Seg. VP & Pres., Small Business and Large Group
Steven Edward McCulley, SVP, Medicare Operations	Timothy Patrick O'Rourke #, VP & Division Leader - Central Division	Bruno Roger Piquin, President, CarePlus and Puerto Rico
William Mark Preston, VP-Investment Management	Richard Donald Remmers, VP, Group Segment	George Renaudin II, Seg. VP, Retail East and Provider Experience
Donald Hank Robinson, Vice President - Tax	Daniel Andrew Tufto #, VP & Div. Leader - Western Division	Timothy Alan Wheatley, President, Retail Segment
Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, VP & Chief Accounting Officer	

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane	Timothy Alan Wheatley #
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State of Kentucky SS:  
County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard President & CEO	Joseph Christopher Ventura # VP & Corporate Secretary	Alan James Bailey VP & Treasurer
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Subscribed and sworn to before me this	a. Is this an original filing? .....	Yes [ X ] No [ ]
23rd day of	b. If no,	
February, 2018	1. State the amendment number.....	
	2. Date filed .....	
	3. Number of pages attached.....	

Michele Sizemore  
Notary Public  
January 3, 2019

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	7,649,159	1,917,205	1,013,573	3,154,229	3,154,229	10,579,937
Group Subscribers:						
A.M. BUS COMPANY .....	16,123	0	0	0	0	16,123
AEGIS IDENTITY SOFTWARE .....	0	0	0	12,570	12,570	0
ASCENTIAL CARE PARTNERS L .....	15,048	0	0	0	0	15,048
BALLARD NURSING CENTER .....	34,801	0	0	0	0	34,801
BLUEGRASS HOSPITALITY GROUP .....	65,942	465	0	0	0	66,407
BRILLIANT ELECTRIC HEATIN .....	0	0	0	17,607	17,607	0
BRISTLECONE CONSTRUCTION .....	32,384	0	0	0	0	32,384
CHILDREN INC. ....	60,341	0	0	0	0	60,341
CUMBERLAND FOOT & ANKLE C .....	26,301	1,767	0	0	0	28,068
DIN LAW LLC .....	0	0	0	26,738	26,738	0
DOWN TA EARTH INC. ....	13,959	0	0	0	0	13,959
DRC INDUSTRIES INC. ....	20,225	0	0	0	0	20,225
EDOMINATE INC .....	10,387	0	0	0	0	10,387
FALLS CITY HOSPITALITY .....	13,353	1,002	0	0	0	14,355
FLEMING PHARMACIST GROUP .....	39,316	0	0	0	0	39,316
FREEDOM SMOKE USA INC .....	24,275	0	0	0	0	24,275
HILL TRANSPORTATION .....	27,475	0	0	0	0	27,475
KENTUCKY LOTTERY CORPORATION .....	124,378	0	0	0	0	124,378
LAFFERTY ENTERPRISES INC .....	0	0	0	26,901	26,901	0
LAUREL CREEK .....	0	0	0	32,738	32,738	0
MARQUARDT PRINTING COMPAN .....	13,229	0	0	0	0	13,229
METRO TITLE AGENCY OF AZ .....	0	0	0	13,248	13,248	0
MIDDLESBORO COCA COLA BOTTLING I .....	45,789	0	0	0	0	45,789
MULTI-SYSTEMS INC. ....	37,473	0	0	0	0	37,473
PREMIER THERAPY & HEALTH CENTERS .....	15,877	0	0	0	0	15,877
PRO TRAILER REPAIR INC .....	12,125	0	0	0	0	12,125
Q1 PRODUCTIONS .....	14,192	0	0	0	0	14,192
QUANTRELL CADILLAC INC. ....	49,154	0	0	0	0	49,154
RESTAURANT SERVICE SOLUTI .....	12,229	0	0	0	0	12,229
SAINT ANDREW LIFE .....	18,649	0	0	0	0	18,649
SCHARDEIN MECHANICAL .....	28,422	0	0	0	0	28,422
SHETLER SECURITY SERVICES .....	12,383	0	0	0	0	12,383
THE PAVILION AT KENTON .....	20,578	0	0	0	0	20,578
TM INTERNATIONAL .....	28,609	1,711	0	0	0	30,320
TRANSITIONS INC. ....	15,770	0	0	0	0	15,770
TTE CASTING TECHNOLOGIES .....	29,175	0	0	0	0	29,175
TURING SCHOOL OF SOFTWARE .....	13,646	0	0	0	0	13,646
0299997. Group subscriber subtotal	891,608	4,945	0	129,802	129,802	896,553
0299998. Premiums due and unpaid not individually listed	8,664,796	298,311	120,093	1,025,130	1,025,130	9,083,200
0299999. Total group	9,556,404	303,256	120,093	1,154,932	1,154,932	9,979,753
0399999. Premiums due and unpaid from Medicare entities	8,652,328	0	0	0	0	8,652,328
0499999. Premiums due and unpaid from Medicaid entities	36,829,459	0	0	0	0	36,829,459
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	62,687,350	2,220,461	1,133,666	4,309,161	4,309,161	66,041,477

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	69,152,636	326,423,061	0	88,524,994	69,152,636	69,152,636
2. Claim overpayment receivables .....	19,053	0	0	16,336	19,053	19,053
3. Loans and advances to providers .....	0	0	0	90,400	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	13,951,500	0	0	3,463,616	13,951,500	13,951,500
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	83,123,189	326,423,061	0	92,095,346	83,123,189	83,123,189

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	2,215,490,351	32.1	947,893	100.0	.0	2,215,490,351
2. Intermediaries .....	.0	0.0	.0	0.0	.0	.0
3. All other providers .....	.0	0.0	.0	0.0	.0	.0
4. Total capitation payments .....	2,215,490,351	32.1	947,893	100.0	.0	2,215,490,351
Other Payments:						
5. Fee-for-service .....	212,370,141	3.1	XXX	XXX	.0	212,370,141
6. Contractual fee payments .....	3,862,957,577	55.9	XXX	XXX	.0	3,862,957,577
7. Bonus/withhold arrangements - fee-for-service .....	.0	0.0	XXX	XXX	.0	.0
8. Bonus/withhold arrangements - contractual fee payments .....	.0	0.0	XXX	XXX	.0	.0
9. Non-contingent salaries .....	620,043,715	9.0	XXX	XXX	.0	620,043,715
10. Aggregate cost arrangements .....	.0	0.0	XXX	XXX	.0	.0
11. All other payments .....	.0	0.0	XXX	XXX	.0	.0
12. Total other payments .....	4,695,371,433	67.9	XXX	XXX	0	4,695,371,433
13. TOTAL (Line 4 plus Line 12)	6,910,861,784	100%	XXX	XXX	0	6,910,861,784

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	6,757,153	0	5,283,580	1,473,573	1,473,573	0
2.	Medical furniture, equipment and fixtures .....	14,472	0	7,137	7,336	7,336	0
3.	Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4.	Durable medical equipment .....	0	0	0	0	0	0
5.	Other property and equipment	1,688,080	0	887,598	800,482	800,482	0
6.	Total	8,459,705	0	6,178,315	2,281,391	2,281,391	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Alabama		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	25,745	0	0	0	0	0	0	25,745	0	0	
2.	First Quarter .....	24,748	0	0	0	0	0	0	24,748	0	0	
3.	Second Quarter .....	25,246	0	0	0	0	0	0	25,246	0	0	
4.	Third Quarter .....	25,750	0	0	0	0	0	0	25,750	0	0	
5.	Current Year	26,225	0	0	0	0	0	0	26,225	0	0	
6.	Current Year Member Months	303,714	0	0	0	0	0	0	303,714	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	544,368	0	0	0	0	0	0	544,368	0	0	
8.	Non-Physician .....	264,961	0	0	0	0	0	0	264,961	0	0	
9.	Total	809,329	0	0	0	0	0	0	809,329	0	0	
10.	Hospital Patient Days Incurred	67,247	0	0	0	0	0	0	67,247	0	0	
11.	Number of Inpatient Admissions	7,245	0	0	0	0	0	0	7,245	0	0	
12.	Health Premiums Written (b) .....	265,311,305	0	0	0	0	0	0	265,311,305	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	265,311,305	0	0	0	0	0	0	265,311,305	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	210,995,492	0	0	0	0	5	0	210,995,487	0	0	
18.	Amount Incurred for Provision of Health Care Services	214,665,608	0	0	0	0	5	0	214,665,603	0	0	

(a) For health business: number of persons insured under PPO managed care products .....879 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....265,311,305



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arizona		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	70,605	4,749	20,894	0	0	0	2,194	42,768	0	0	
2.	First Quarter .....	73,645	0	23,612	0	0	0	1,742	48,291	0	0	
3.	Second Quarter .....	73,805	0	23,152	0	0	0	1,719	48,934	0	0	
4.	Third Quarter .....	74,609	0	23,288	0	0	0	1,710	49,611	0	0	
5.	Current Year	75,702	0	23,811	0	0	0	1,697	50,194	0	0	
6.	Current Year Member Months	888,376	(148)	279,369	0	0	0	20,561	588,594	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	959,820	0	110,786	0	0	0	18,289	830,745	0	0	
8.	Non-Physician .....	381,506	0	20,951	0	0	0	8,357	352,198	0	0	
9.	Total	1,341,326	0	131,737	0	0	0	26,646	1,182,943	0	0	
10.	Hospital Patient Days Incurred	100,929	0	4,544	0	0	0	702	95,683	0	0	
11.	Number of Inpatient Admissions	11,489	0	819	0	0	0	76	10,594	0	0	
12.	Health Premiums Written (b) .....	512,409,123	(218,999)	68,423,823	0	0	0	10,997,563	433,206,736	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	512,409,123	(218,999)	68,423,823	0	0	0	10,997,563	433,206,736	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	425,232,353	2,726,574	57,228,321	0	0	0	11,498,615	353,778,843	0	0	
18.	Amount Incurred for Provision of Health Care Services	438,964,364	(259,334)	59,461,023	0	0	0	11,047,548	368,715,127	0	0	

(a) For health business: number of persons insured under PPO managed care products 30,117 and number of persons insured under indemnity only products 0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 433,206,736



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arkansas		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	36,605	0	0	0	0	0	0	36,605	0	0	
2.	First Quarter .....	32,755	0	0	0	0	0	0	32,755	0	0	
3.	Second Quarter .....	32,451	0	0	0	0	0	0	32,451	0	0	
4.	Third Quarter .....	32,362	0	0	0	0	0	0	32,362	0	0	
5.	Current Year	32,319	0	0	0	0	0	0	32,319	0	0	
6.	Current Year Member Months	389,902	0	0	0	0	0	0	389,902	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	585,759	0	0	0	0	0	0	585,759	0	0	
8.	Non-Physician .....	330,546	0	0	0	0	0	0	330,546	0	0	
9.	Total	916,305	0	0	0	0	0	0	916,305	0	0	
10.	Hospital Patient Days Incurred	79,485	0	0	0	0	0	0	79,485	0	0	
11.	Number of Inpatient Admissions	8,851	0	0	0	0	0	0	8,851	0	0	
12.	Health Premiums Written (b) .....	324,321,896	0	0	0	0	0	0	324,321,896	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	324,321,896	0	0	0	0	0	0	324,321,896	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	261,433,954	0	0	0	0	0	0	261,433,954	0	0	
18.	Amount Incurred for Provision of Health Care Services	267,788,157	0	0	0	0	0	0	267,788,157	0	0	

(a) For health business: number of persons insured under PPO managed care products .....2,862 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....324,321,896

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Colorado		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	47,131	7,976	17,438	0	0	0	763	20,954	0	0	
2.	First Quarter .....	39,921	0	16,135	0	0	0	868	22,918	0	0	
3.	Second Quarter .....	39,419	0	15,131	0	0	0	885	23,403	0	0	
4.	Third Quarter .....	39,372	0	14,650	0	0	0	895	23,827	0	0	
5.	Current Year	39,327	0	14,163	0	0	0	886	24,278	0	0	
6.	Current Year Member Months	473,807	(503)	181,894	0	0	0	10,499	281,917	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	451,054	0	73,787	0	0	0	4,964	372,303	0	0	
8.	Non-Physician .....	259,517	0	28,501	0	0	0	1,905	229,111	0	0	
9.	Total	710,571	0	102,288	0	0	0	6,869	601,414	0	0	
10.	Hospital Patient Days Incurred	49,289	0	2,452	0	0	0	126	46,711	0	0	
11.	Number of Inpatient Admissions	5,627	0	462	0	0	0	28	5,137	0	0	
12.	Health Premiums Written (b) .....	276,996,950	1,266,038	61,872,981	0	0	0	3,462,917	210,395,014	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	276,089,624	1,266,038	60,965,655	0	0	0	3,462,917	210,395,014	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	220,341,748	4,323,339	41,974,180	0	0	0	2,813,433	171,230,796	0	0	
18.	Amount Incurred for Provision of Health Care Services	220,720,939	(1,773,641)	41,690,316	0	0	0	2,730,585	178,073,679	0	0	

(a) For health business: number of persons insured under PPO managed care products 15,006 and number of persons insured under indemnity only products 0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 210,395,014



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Idaho		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	3,688	0	0	0	0	0	0	3,688	0	0	
2.	First Quarter .....	3,685	0	0	0	0	0	0	3,685	0	0	
3.	Second Quarter .....	3,709	0	0	0	0	0	0	3,709	0	0	
4.	Third Quarter .....	3,752	0	0	0	0	0	0	3,752	0	0	
5.	Current Year	3,796	0	0	0	0	0	0	3,796	0	0	
6.	Current Year Member Months	44,723	0	0	0	0	0	0	44,723	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	55,698	0	0	0	0	0	0	55,698	0	0	
8.	Non-Physician .....	50,977	0	0	0	0	0	0	50,977	0	0	
9.	Total	106,675	0	0	0	0	0	0	106,675	0	0	
10.	Hospital Patient Days Incurred	6,380	0	0	0	0	0	0	6,380	0	0	
11.	Number of Inpatient Admissions	810	0	0	0	0	0	0	810	0	0	
12.	Health Premiums Written (b) .....	36,388,266	0	0	0	0	0	0	36,388,266	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	36,388,266	0	0	0	0	0	0	36,388,266	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	28,630,478	0	0	0	0	0	0	28,630,478	0	0	
18.	Amount Incurred for Provision of Health Care Services	29,436,935	0	0	0	0	0	0	29,436,935	0	0	

(a) For health business: number of persons insured under PPO managed care products .....231 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....36,388,266

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Illinois		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	105,656	1,852	14,481	0	0	0	8,098	67,031	14,194	0	
2.	First Quarter .....	110,639	4,212	13,230	0	0	0	6,425	73,018	13,754	0	
3.	Second Quarter .....	114,301	4,267	13,154	0	0	0	6,216	73,804	16,860	0	
4.	Third Quarter .....	113,458	4,024	12,896	0	0	0	6,063	75,222	15,253	0	
5.	Current Year	114,919	3,633	12,508	0	0	0	5,977	77,098	15,703	0	
6.	Current Year Member Months	1,320,689	47,397	138,959	0	0	0	72,609	890,786	170,938	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	1,869,275	27,282	69,772	0	0	0	78,851	1,445,004	248,366	0	
8.	Non-Physician .....	889,256	10,404	29,354	0	0	0	32,822	580,329	236,347	0	
9.	Total	2,758,531	37,686	99,126	0	0	0	111,673	2,025,333	484,713	0	
10.	Hospital Patient Days Incurred	203,120	1,685	3,561	0	0	0	3,567	179,134	15,173	0	
11.	Number of Inpatient Admissions	24,122	288	622	0	0	0	456	21,088	1,668	0	
12.	Health Premiums Written (b) .....	1,090,033,128	28,994,356	60,451,204	0	0	0	50,983,436	798,740,057	150,864,075	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	1,089,274,463	28,994,356	60,451,204	0	0	0	50,983,436	798,740,057	150,105,410	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	927,368,434	19,847,717	57,027,628	0	0	0	39,700,444	670,960,412	139,832,233	0	
18.	Amount Incurred for Provision of Health Care Services	960,026,173	20,729,049	50,164,099	0	0	0	46,445,228	694,730,188	147,957,609	0	

(a) For health business: number of persons insured under PPO managed care products .....4,675 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....798,740,057



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Indiana		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	33,173	0	6,404	0	0	0	0	26,769	0	0	
2.	First Quarter .....	34,456	0	5,681	0	0	0	0	28,775	0	0	
3.	Second Quarter .....	34,527	0	5,256	0	0	0	0	29,271	0	0	
4.	Third Quarter .....	35,826	0	5,767	0	0	0	0	30,059	0	0	
5.	Current Year .....	37,167	0	6,079	0	0	0	0	31,088	0	0	
6.	Current Year Member Months	422,699	0	68,058	0	0	0	0	354,641	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	592,688	0	33,303	0	0	0	0	559,385	0	0	
8.	Non-Physician .....	329,569	0	11,301	0	0	0	0	318,268	0	0	
9.	Total .....	922,257	0	44,604	0	0	0	0	877,653	0	0	
10.	Hospital Patient Days Incurred	79,661	0	1,188	0	0	0	0	78,473	0	0	
11.	Number of Inpatient Admissions	9,163	0	225	0	0	0	0	8,938	0	0	
12.	Health Premiums Written (b) .....	359,191,063	0	19,999,561	0	0	0	0	339,191,502	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	359,389,398	0	20,197,896	0	0	0	0	339,191,502	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	275,721,126	0	15,113,635	0	0	0	0	260,607,491	0	0	
18.	Amount Incurred for Provision of Health Care Services	286,022,942	0	15,035,771	0	0	0	0	270,987,171	0	0	

(a) For health business: number of persons insured under PPO managed care products .....5,979 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....339,191,502





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kansas		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	26,946	0	2,323	0	0	0	3,902	20,721	0	0	
2.	First Quarter .....	19,781	0	194	0	0	0	3,235	16,352	0	0	
3.	Second Quarter .....	19,688	0	182	0	0	0	3,182	16,324	0	0	
4.	Third Quarter .....	19,671	0	232	0	0	0	3,140	16,299	0	0	
5.	Current Year	19,664	0	228	0	0	0	3,115	16,321	0	0	
6.	Current Year Member Months	235,857	0	2,421	0	0	0	37,616	195,820	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	341,040	0	1,924	0	0	0	33,234	305,882	0	0	
8.	Non-Physician .....	186,389	0	1,079	0	0	0	16,048	169,262	0	0	
9.	Total	527,429	0	3,003	0	0	0	49,282	475,144	0	0	
10.	Hospital Patient Days Incurred	54,951	0	219	0	0	0	1,864	52,868	0	0	
11.	Number of Inpatient Admissions	5,525	0	25	0	0	0	209	5,291	0	0	
12.	Health Premiums Written (b) .....	186,397,781	0	925,823	0	0	0	19,833,532	165,638,426	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	186,397,781	0	925,823	0	0	0	19,833,532	165,638,426	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	161,854,174	0	3,245,951	0	0	0	16,866,870	141,741,353	0	0	
18.	Amount Incurred for Provision of Health Care Services	160,130,434	0	1,923,282	0	0	0	17,854,910	140,352,242	0	0	

(a) For health business: number of persons insured under PPO managed care products .....2,633 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....165,638,426



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      Humana Health Plan, Inc.      2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kentucky		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95885	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	268,413	10,143	105,858	0	0	0	1,614	13,253	137,545	0	
2.	First Quarter .....	263,685	1,892	104,385	0	0	0	1,513	14,057	141,838	0	
3.	Second Quarter .....	265,498	1,766	103,898	0	0	0	1,507	14,178	144,149	0	
4.	Third Quarter .....	262,895	1,590	104,479	0	0	0	1,496	14,267	141,063	0	
5.	Current Year	274,926	1,459	108,042	0	0	0	1,491	14,466	149,468	0	
6.	Current Year Member Months	3,230,720	19,314	1,258,001	0	0	0	17,644	170,273	1,765,488	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	4,716,375	18,601	854,422	0	0	0	16,856	348,307	3,478,189	0	
8.	Non-Physician .....	2,305,449	7,573	343,944	0	0	0	7,310	172,794	1,773,828	0	
9.	Total	7,021,824	26,174	1,198,366	0	0	0	24,166	521,101	5,252,017	0	
10.	Hospital Patient Days Incurred	268,710	1,270	30,342	0	0	0	756	46,504	189,838	0	
11.	Number of Inpatient Admissions	53,309	140	5,105	0	0	0	93	5,007	42,964	0	
12.	Health Premiums Written (b) .....	1,617,516,703	6,288,220	505,941,725	0	0	0	8,832,595	163,071,135	933,383,028	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	1,617,516,703	6,288,220	505,941,725	0	0	0	8,832,595	163,071,135	933,383,028	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	1,386,308,182	7,479,365	420,953,075	0	0	0	7,111,377	136,319,715	814,444,650	0	
18.	Amount Incurred for Provision of Health Care Services	1,382,059,008	1,219,838	424,782,899	0	0	0	7,269,962	139,872,802	808,913,507	0	

(a) For health business: number of persons insured under PPO managed care products .....107,391 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....163,071,135

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Missouri		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	49,660	0	341	0	0	0	0	49,319	0	0	
2.	First Quarter .....	45,884	0	170	0	0	0	0	45,714	0	0	
3.	Second Quarter .....	45,900	0	169	0	0	0	0	45,731	0	0	
4.	Third Quarter .....	46,028	0	170	0	0	0	0	45,858	0	0	
5.	Current Year	46,155	0	168	0	0	0	0	45,987	0	0	
6.	Current Year Member Months	551,834	0	2,012	0	0	0	0	549,822	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	857,093	0	1,011	0	0	0	0	856,082	0	0	
8.	Non-Physician .....	523,119	0	497	0	0	0	0	522,622	0	0	
9.	Total	1,380,212	0	1,508	0	0	0	0	1,378,704	0	0	
10.	Hospital Patient Days Incurred	139,671	0	28	0	0	0	0	139,643	0	0	
11.	Number of Inpatient Admissions	14,859	0	5	0	0	0	0	14,854	0	0	
12.	Health Premiums Written (b) .....	486,814,240	0	1,003,324	0	0	0	0	485,810,916	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	486,814,240	0	1,003,324	0	0	0	0	485,810,916	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	393,491,933	0	686,923	0	0	0	(263,178)	393,068,188	0	0	
18.	Amount Incurred for Provision of Health Care Services	394,883,863	0	341,554	0	0	0	98	394,542,211	0	0	

(a) For health business: number of persons insured under PPO managed care products .....3,051 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....485,810,916



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nebraska		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:			Individual	Group								
1.	Prior Year .....	1,892	0	0	0	0	0	0	1,892	0	0	
2.	First Quarter .....	1,347	0	0	0	0	0	0	1,347	0	0	
3.	Second Quarter .....	1,312	0	0	0	0	0	0	1,312	0	0	
4.	Third Quarter .....	1,290	0	0	0	0	0	0	1,290	0	0	
5.	Current Year .....	1,269	0	0	0	0	0	0	1,269	0	0	
6.	Current Year Member Months .....	15,847	0	0	0	0	0	0	15,847	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	18,708	0	0	0	0	0	0	18,708	0	0	
8.	Non-Physician .....	12,871	0	0	0	0	0	0	12,871	0	0	
9.	Total .....	31,579	0	0	0	0	0	0	31,579	0	0	
10.	Hospital Patient Days Incurred .....	3,813	0	0	0	0	0	0	3,813	0	0	
11.	Number of Inpatient Admissions .....	355	0	0	0	0	0	0	355	0	0	
12.	Health Premiums Written (b) .....	10,785,149	0	0	0	0	0	0	10,785,149	0	0	
13.	Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	10,785,149	0	0	0	0	0	0	10,785,149	0	0	
16.	Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	9,240,183	0	0	0	0	0	0	9,240,183	0	0	
18.	Amount Incurred for Provision of Health Care Services .....	8,381,884	0	0	0	0	0	0	8,381,884	0	0	

(a) For health business: number of persons insured under PPO managed care products .....302 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....10,785,149

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nevada		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	46,178	0	1,102	0	0	0	0	45,076	0	0	
2.	First Quarter .....	46,627	0	951	0	0	0	0	45,676	0	0	
3.	Second Quarter .....	46,521	0	754	0	0	0	0	45,767	0	0	
4.	Third Quarter .....	46,855	0	808	0	0	0	0	46,047	0	0	
5.	Current Year .....	47,278	0	806	0	0	0	0	46,472	0	0	
6.	Current Year Member Months	559,639	0	9,490	0	0	0	0	550,149	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	876,588	0	2,300	0	0	0	0	874,288	0	0	
8.	Non-Physician .....	321,650	0	1,114	0	0	0	0	320,536	0	0	
9.	Total .....	1,198,238	0	3,414	0	0	0	0	1,194,824	0	0	
10.	Hospital Patient Days Incurred	97,310	0	111	0	0	0	0	97,199	0	0	
11.	Number of Inpatient Admissions	12,277	0	30	0	0	0	0	12,247	0	0	
12.	Health Premiums Written (b) .....	597,858,848	0	2,065,594	0	0	0	0	595,793,254	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	597,858,848	0	2,065,594	0	0	0	0	595,793,254	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	542,477,088	0	1,562,320	0	0	0	0	540,914,768	0	0	
18.	Amount Incurred for Provision of Health Care Services	551,760,257	0	1,431,419	0	0	0	0	550,328,838	0	0	

(a) For health business: number of persons insured under PPO managed care products .....722 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....595,793,254



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		New Mexico		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	6,609	0	0	0	0	0	0	6,609	0	0	
2.	First Quarter .....	7,125	0	0	0	0	0	0	7,125	0	0	
3.	Second Quarter .....	7,251	0	0	0	0	0	0	7,251	0	0	
4.	Third Quarter .....	7,317	0	0	0	0	0	0	7,317	0	0	
5.	Current Year	7,448	0	0	0	0	0	0	7,448	0	0	
6.	Current Year Member Months	86,894	0	0	0	0	0	0	86,894	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	102,860	0	0	0	0	0	0	102,860	0	0	
8.	Non-Physician .....	70,434	0	0	0	0	0	0	70,434	0	0	
9.	Total	173,294	0	0	0	0	0	0	173,294	0	0	
10.	Hospital Patient Days Incurred	15,838	0	0	0	0	0	0	15,838	0	0	
11.	Number of Inpatient Admissions	1,551	0	0	0	0	0	0	1,551	0	0	
12.	Health Premiums Written (b) .....	60,397,882	0	0	0	0	0	0	60,397,882	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	60,397,882	0	0	0	0	0	0	60,397,882	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	49,475,190	0	0	0	0	0	0	49,475,190	0	0	
18.	Amount Incurred for Provision of Health Care Services	52,997,709	0	0	0	0	0	0	52,997,709	0	0	

(a) For health business: number of persons insured under PPO managed care products .....1,066 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....60,397,882



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2017							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year .....												
2. First Quarter .....												
3. Second Quarter .....												
4. Third Quarter .....												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician .....												
8. Non-Physician .....												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b) .....												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written .....												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		South Carolina		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	51,692	0	0	0	0	0	0	51,692	0	0	
2.	First Quarter .....	42,378	0	0	0	0	0	0	42,378	0	0	
3.	Second Quarter .....	42,489	0	0	0	0	0	0	42,489	0	0	
4.	Third Quarter .....	42,506	0	0	0	0	0	0	42,506	0	0	
5.	Current Year	42,771	0	0	0	0	0	0	42,771	0	0	
6.	Current Year Member Months	510,012	0	0	0	0	0	0	510,012	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	860,864	0	0	0	0	0	0	860,864	0	0	
8.	Non-Physician .....	434,682	0	0	0	0	0	0	434,682	0	0	
9.	Total	1,295,546	0	0	0	0	0	0	1,295,546	0	0	
10.	Hospital Patient Days Incurred	119,039	0	0	0	0	0	0	119,039	0	0	
11.	Number of Inpatient Admissions	11,971	0	0	0	0	0	0	11,971	0	0	
12.	Health Premiums Written (b) .....	427,171,498	0	0	0	0	0	0	427,171,498	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	427,171,498	0	0	0	0	0	0	427,171,498	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	347,490,302	0	0	0	0	0	0	347,490,302	0	0	
18.	Amount Incurred for Provision of Health Care Services	349,587,288	0	0	0	0	0	0	349,587,288	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....427,171,498

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Tennessee		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	4,571	0	4,222	0	0	0	349	0	0	0	
2.	First Quarter .....	4,017	0	3,764	0	0	0	253	0	0	0	
3.	Second Quarter .....	3,315	0	3,062	0	0	0	253	0	0	0	
4.	Third Quarter .....	2,956	0	2,705	0	0	0	251	0	0	0	
5.	Current Year	2,889	0	2,637	0	0	0	252	0	0	0	
6.	Current Year Member Months	39,707	0	36,780	0	0	0	2,927	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	27,055	0	23,563	0	0	0	3,492	0	0	0	
8.	Non-Physician .....	9,100	0	7,800	0	0	0	1,300	0	0	0	
9.	Total	36,155	0	31,363	0	0	0	4,792	0	0	0	
10.	Hospital Patient Days Incurred	904	0	794	0	0	0	110	0	0	0	
11.	Number of Inpatient Admissions	116	0	101	0	0	0	15	0	0	0	
12.	Health Premiums Written (b) .....	14,626,752	0	13,191,680	0	0	0	1,435,072	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	14,626,752	0	13,191,680	0	0	0	1,435,072	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	9,971,002	0	8,665,066	0	0	0	1,305,936	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	9,844,305	0	8,376,707	0	0	0	1,467,598	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....2,637 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Texas		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year .....	105,634	0	0	0	0	0	0	105,634	0	0	
2.	First Quarter .....	98,964	0	0	0	0	0	0	98,964	0	0	
3.	Second Quarter .....	99,221	0	0	0	0	0	0	99,221	0	0	
4.	Third Quarter .....	99,777	0	0	0	0	0	0	99,777	0	0	
5.	Current Year	100,088	0	0	0	0	0	0	100,088	0	0	
6.	Current Year Member Months	1,195,013	0	0	0	0	0	0	1,195,013	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	1,854,627	0	0	0	0	0	0	1,854,627	0	0	
8.	Non-Physician .....	1,040,021	0	0	0	0	0	0	1,040,021	0	0	
9.	Total	2,894,648	0	0	0	0	0	0	2,894,648	0	0	
10.	Hospital Patient Days Incurred	273,389	0	0	0	0	0	0	273,389	0	0	
11.	Number of Inpatient Admissions	27,827	0	0	0	0	0	0	27,827	0	0	
12.	Health Premiums Written (b) .....	1,062,474,604	0	0	0	0	0	0	1,062,474,604	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	1,062,474,604	0	0	0	0	0	0	1,062,474,604	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	936,233,085	0	0	0	0	0	0	936,233,085	0	0	
18.	Amount Incurred for Provision of Health Care Services	939,437,075	0	0	0	0	0	0	939,437,075	0	0	

(a) For health business: number of persons insured under PPO managed care products .....12,766 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,062,474,604



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Virginia		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	59,704	0	0	0	0	0	0	46,104	13,600	0	
2.	First Quarter .....	57,370	0	0	0	0	0	0	44,413	12,957	0	
3.	Second Quarter .....	55,302	0	0	0	0	0	0	43,824	11,478	0	
4.	Third Quarter .....	53,669	0	0	0	0	0	0	43,407	10,262	0	
5.	Current Year	52,273	0	0	0	0	0	0	42,977	9,296	0	
6.	Current Year Member Months	661,451	0	0	0	0	0	0	524,906	136,545	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	1,191,080	0	0	0	0	0	0	939,698	251,382	0	
8.	Non-Physician .....	1,024,133	0	0	0	0	0	0	592,691	431,442	0	
9.	Total	2,215,213	0	0	0	0	0	0	1,532,389	682,824	0	
10.	Hospital Patient Days Incurred	116,464	0	0	0	0	0	0	108,925	7,539	0	
11.	Number of Inpatient Admissions	12,865	0	0	0	0	0	0	12,351	514	0	
12.	Health Premiums Written (b) .....	650,115,745	0	0	0	0	0	0	536,683,292	113,432,453	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	650,115,745	0	0	0	0	0	0	536,683,292	113,432,453	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	545,591,765	0	0	0	0	0	0	442,188,168	103,403,597	0	
18.	Amount Incurred for Provision of Health Care Services	553,365,105	0	0	0	0	0	0	448,376,393	104,988,712	0	

(a) For health business: number of persons insured under PPO managed care products .....1,967 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....536,683,292



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Washington		2017							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	24,261	0	0	0	0	0	0	24,261	0	0	
2.	First Quarter .....	22,594	0	0	0	0	0	0	22,594	0	0	
3.	Second Quarter .....	22,920	0	0	0	0	0	0	22,920	0	0	
4.	Third Quarter .....	23,274	0	0	0	0	0	0	23,274	0	0	
5.	Current Year	23,677	0	0	0	0	0	0	23,677	0	0	
6.	Current Year Member Months	275,836	0	0	0	0	0	0	275,836	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	385,696	0	0	0	0	0	0	385,696	0	0	
8.	Non-Physician .....	155,283	0	0	0	0	0	0	155,283	0	0	
9.	Total	540,979	0	0	0	0	0	0	540,979	0	0	
10.	Hospital Patient Days Incurred	45,938	0	0	0	0	0	0	45,938	0	0	
11.	Number of Inpatient Admissions	4,939	0	0	0	0	0	0	4,939	0	0	
12.	Health Premiums Written (b) .....	215,705,754	0	0	0	0	0	0	215,705,754	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	215,705,754	0	0	0	0	0	0	215,705,754	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	179,005,295	0	0	0	0	0	0	179,005,295	0	0	
18.	Amount Incurred for Provision of Health Care Services	177,232,864	0	0	0	0	0	0	177,232,864	0	0	

(a) For health business: number of persons insured under PPO managed care products .....1,085 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....215,705,754



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2017							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year .....												
2. First Quarter .....												
3. Second Quarter .....												
4. Third Quarter .....												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician .....												
8. Non-Physician .....												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b) .....												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written .....												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Grand Total		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	968,163	24,720	173,063	0	0	0	16,920	588,121	165,339	0	
2.	First Quarter .....	929,621	6,104	168,122	0	0	0	14,036	572,810	168,549	0	
3.	Second Quarter .....	932,875	6,033	164,758	0	0	0	13,762	575,835	172,487	0	
4.	Third Quarter .....	931,367	5,614	164,995	0	0	0	13,555	580,625	166,578	0	
5.	Current Year	947,893	5,092	168,442	0	0	0	13,418	586,474	174,467	0	
6.	Current Year Member Months	11,206,720	66,060	1,976,984	0	0	0	161,856	6,928,849	2,072,971	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	16,290,648	45,883	1,170,868	0	0	0	155,686	10,940,274	3,977,937	0	
8.	Non-Physician .....	8,589,463	17,977	444,541	0	0	0	67,742	5,617,586	2,441,617	0	
9.	Total	24,880,111	63,860	1,615,409	0	0	0	223,428	16,557,860	6,419,554	0	
10.	Hospital Patient Days Incurred	1,722,138	2,955	43,239	0	0	0	7,125	1,456,269	212,550	0	
11.	Number of Inpatient Admissions	212,901	428	7,394	0	0	0	877	159,056	45,146	0	
12.	Health Premiums Written (b) .....	8,194,516,687	36,329,615	733,875,715	0	0	0	95,545,115	6,131,086,686	1,197,679,556	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	8,193,049,031	36,329,615	733,166,724	0	0	0	95,545,115	6,131,086,686	1,196,920,891	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	6,910,861,784	34,376,995	606,457,099	0	0	5	79,033,497	5,133,313,708	1,057,680,480	0	
18.	Amount Incurred for Provision of Health Care Services	6,997,304,910	19,915,912	603,207,070	0	0	5	86,815,929	5,225,506,166	1,061,859,828	0	

(a) For health business: number of persons insured under PPO managed care products 193,369 and number of persons insured under indemnity only products 0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,131,086,686

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## SCHEDULE S - PART 1 - SECTION 2

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 - Totals											

## SCHEDULE S - PART 2

[illegible]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
37273	39-1338397	10/01/2015	AXIS INSURANCE COMPANY	IL	SSL/A/I	CMM	(1,079)	0	0	0	0	0	0
16535	36-4233459	01/01/2017	ZURICH AMERICAN INSURANCE COMPANY	NY	SSL/A/I	CMM	3,909	0	0	0	0	0	0
16535	36-4233459	01/01/2017	ZURICH AMERICAN INSURANCE COMPANY	NY	OTH/A/I	MR	35,926	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							38,756	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							38,756	0	0	0	0	0	0
1199999. Total General Account Authorized							38,756	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC	933,383,029	0	0	0	0	0	114,460,590
1999999. General Account - Unauthorized U.S. Non-Affiliates							933,383,029	0	0	0	0	0	114,460,590
2199999. Total General Account - Unauthorized Non-Affiliates							933,383,029	0	0	0	0	0	114,460,590
2299999. Total General Account Unauthorized							933,383,029	0	0	0	0	0	114,460,590
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							933,421,785	0	0	0	0	0	114,460,590
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							933,421,785	0	0	0	0	0	114,460,590
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							933,421,785	0	0	0	0	0	114,460,590

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...00000 ...	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	0	70,018,579	0	70,018,579	0		0	114,460,590	0	7,526,263	70,018,579
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579
2199999. Total General Account - Accident and Health Non-Affiliates				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579
2299999. Total General Account Accident and Health				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579
2399999. Total General Account				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	70,018,579	0	70,018,579	0	XXX	0	114,460,590	0	7,526,263	70,018,579

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....	3	1,567	2,429	2,582	1,183
2. Title XVIII - Medicare .....	36	23	(7)	126	109
3. Title XIX - Medicaid .....	933,383	789,117	760,709	467,360	86,605
4. Commissions and reinsurance expense allowance .....	63,545	67,608	66,255	39,822	0
5. Total hospital and medical expenses .....	811,633	733,418	634,817	440,637	81,908
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....	7,526	5,720	4,658	9,000	0
7. Claims payable .....	70,019	76,381	87,085	83,400	11,912
8. Reinsurance recoverable on paid losses .....	1,836	10,660	19,105	19,228	0
9. Experience rating refunds due or unpaid .....	0	0	0	489	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	114,461	68,929	121,922	106,400	10,875
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	114,461	68,929	121,922	106,400	10,875
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	489	1,619
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,641,357,126	0	1,641,357,126
2. Accident and health premiums due and unpaid (Line 15) .....	148,502,136	7,526,263	156,028,399
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,836,090	(1,836,090)	0
4. Net credit for ceded reinsurance .....	XXX	(50,132,184)	(50,132,184)
5. All other admitted assets (Balance) .....	237,441,891	0	237,441,891
6. Total assets (Line 28) .....	2,029,137,243	(44,442,011)	1,984,695,232
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	638,045,883	70,018,579	708,064,462
8. Accrued medical incentive pool and bonus payments (Line 2) .....	54,804,204	0	54,804,204
9. Premiums received in advance (Line 8) .....	18,445,478	0	18,445,478
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	114,460,590	(114,460,590)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	204,495,693	0	204,495,693
15. Total liabilities (Line 24) .....	1,030,251,848	(44,442,011)	985,809,837
16. Total capital and surplus (Line 33) .....	998,885,395	XXX	998,885,395
17. Total liabilities, capital and surplus (Line 34) .....	2,029,137,243	(44,442,011)	1,984,695,232
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	70,018,579		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	1,836,090		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	71,854,670		
24. Premiums receivable .....	7,526,263		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	114,460,590		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	121,986,853		
31. Total net credit for ceded reinsurance .....	(50,132,184)		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama .....	AL				
2.	Alaska .....	AK				
3.	Arizona .....	AZ				
4.	Arkansas .....	AR				
5.	California .....	CA				
6.	Colorado .....	CO				
7.	Connecticut .....	CT				
8.	Delaware .....	DE				
9.	District of Columbia .....	DC				
10.	Florida .....	FL				
11.	Georgia .....	GA				
12.	Hawaii .....	HI				
13.	Idaho .....	ID				
14.	Illinois .....	IL				
15.	Indiana .....	IN				
16.	Iowa .....	IA				
17.	Kansas .....	KS				
18.	Kentucky .....	KY				
19.	Louisiana .....	LA				
20.	Maine .....	ME				
21.	Maryland .....	MD				
22.	Massachusetts .....	MA				
23.	Michigan .....	MI				
24.	Minnesota .....	MN				
25.	Mississippi .....	MS				
26.	Missouri .....	MO				
27.	Montana .....	MT				
28.	Nebraska .....	NE				
29.	Nevada .....	NV				
30.	New Hampshire .....	NH				
31.	New Jersey .....	NJ				
32.	New Mexico .....	NM				
33.	New York .....	NY				
34.	North Carolina .....	NC				
35.	North Dakota .....	ND				
36.	Ohio .....	OH				
37.	Oklahoma .....	OK				
38.	Oregon .....	OR				
39.	Pennsylvania .....	PA				
40.	Rhode Island .....	RI				
41.	South Carolina .....	SC				
42.	South Dakota .....	SD				
43.	Tennessee .....	TN				
44.	Texas .....	TX				
45.	Utah .....	UT				
46.	Vermont .....	VT				
47.	Virginia .....	VA				
48.	Washington .....	WA				
49.	West Virginia .....	WV				
50.	Wisconsin .....	WI				
51.	Wyoming .....	WY				
52.	American Samoa .....	AS				
53.	Guam .....	GU				
54.	Puerto Rico .....	PR				
55.	U.S. Virgin Islands .....	VI				
56.	Northern Mariana Islands .....	MP				
57.	Canada .....	CAN				
58.	Aggregate Other Alien .....	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	American Eldercare of North Florida, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CAC Medical Center Holdings, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	DS	CHA Service Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2043865				Humana Behavioral Health, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	TX	IA	Empheysys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheysys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3580066				Humana at Home (IA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan Inc.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-0647538			NYSE	Humana Inc.	DE	UDP	See Footnote 2	Other	0.000	See Footnote 2		.2
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 3	Other	50.000	Humana Inc.		.3
.0119	Humana Inc.	.65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0



SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0119 ...	Humana Inc. ....	..00000 .....	46-0691871 ...	.....	.....	.....	SeniorBridge Family Companies (VA), Inc. ....	..VA.....	..NIA.....	Humana at Home, Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	59-2518701 ...	.....	.....	.....	SeniorBridge-Florida, LLC .....	..FL.....	..NIA.....	SeniorBridge Family Companies (FL), Inc. ..	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	74-2352809 ...	.....	.....	.....	Texas Dental Plans, Inc. ....	..TX.....	..NIA.....	Humana Dental Company .....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..54739 .....	52-1157181 ...	.....	.....	.....	The Dental Concern, Inc. ....	..KY.....	..IA.....	HumanaDental, Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	75-2600512 ...	.....	.....	.....	Humana at Home (TLC), Inc. ....	..TX.....	..NIA.....	ROHC, L.L.C. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	80-0072760 ...	.....	.....	.....	Transcend Insights, Inc. ....	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	46-5329373 ...	.....	.....	.....	Transcend Population Health Management, LLC ..	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	66-0872725 ...	.....	.....	.....	Humana Management Services of Puerto Rico, Inc. ....	..PR.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....

Asterisk	Explanation
1 .....	Availity, L.L.C., a Delaware limited liability company (Company), was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. The following companies have Common Unit ownership in the Company: HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 29.1% ownership interest, Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and a Member, has 3% ownership interest. ....
2 .....	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily. ....
3 .....	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%. ....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(282,834)	0		0	(282,834)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	189	0		0	189	0
00000	20-5309363	515-526 W MainSt Condo Council of Co- Owners	0	0	0	0	0	0		0	0	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(1,358,432)	0		0	(1,358,432)	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,703,597	0		0	3,703,597	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	41,031,480	0		0	41,031,480	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	50,000,000	0	0	(69,404,678)	0		0	(19,404,678)	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(148,668)	0		0	(148,668)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(17,638,809)	0		0	(17,638,809)	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	388	0		0	388	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(616,863)	0		0	(616,863)	0
95092	59-2598550	CarePlus Health Plans, Inc.	96,780,000	0	0	0	(57,029,881)	0		0	39,750,119	0
95754	62-1579044	Cariten Health Plan Inc.	43,650,000	0	0	0	(162,315,393)	0		0	(118,665,393)	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(15,451,559)	0		0	(15,451,559)	0
00000	61-1279716	CHA Service Company	0	0	0	0	15	0		0	15	0
52015	59-2531815	CompBenefits Company	5,000,000	0	0	0	(20,398,997)	0		0	(15,398,997)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	1,094,032	0		0	1,094,032	0
11228	36-3686002	CompBenefits Dental, Inc.	1,000,000	0	0	0	(3,101,323)	0		0	(2,101,323)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,816)	0		0	(14,816)	0
60984	74-2552026	CompBenefits Insurance Company	5,000,000	0	0	0	(13,724,780)	0		0	(8,724,780)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	845,535	0		0	845,535	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	1,268,692	0		0	1,268,692	0
00000	59-2716023	Continucare Corporation	0	0	0	0	12,540,516	0		0	12,540,516	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(318,435)	0		0	(318,435)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(9,042,005)	0		0	(9,042,005)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(1,311,208)	0		0	(1,311,208)	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	(30,758)	0		0	(30,758)	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	37,766	0		0	37,766	0
95161	76-0039628	DentiCare, Inc.	2,000,000	0	0	0	(8,564,298)	0		0	(6,564,298)	0
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	(1,645)	0		0	(1,645)	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	239	0		0	239	0
00000	27-4535747	Go365, LLC	0	0	0	0	(10,577,032)	0		0	(10,577,032)	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(21,166,707)	0		0	(21,166,707)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	20,622	0		0	20,622	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	73,203	0		0	73,203	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	(3,133,073)	0		0	(3,133,073)	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	1,501	0		0	1,501	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(594,383)	0		0	(594,383)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(938,494)	0		0	(938,494)	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	(1,197,327)	0		0	(1,197,327)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(8,225,420)	0		0	(8,225,420)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	54	0		0	54	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(82,613,664)	0		0	(82,613,664)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(862,230)	0		0	(862,230)	0
00000	75-2043865	Humana Behavioral Health, Inc.	12,220,000	0	0	0	(13,511,264)	0		0	(1,291,264)	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	0	0	0	(104,594,192)	0		0	(104,594,192)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	4,153,046	0		0	4,153,046	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	55,710,000	0	0	0	(104,936,626)	0		0	(49,226,626)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(76,487,687)	0		0	(76,487,687)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	25,000,000	0	0	0	(233,031,341)	0		0	(208,031,341)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	20,000,000	0	0	(12,876,800)	0		0	7,123,200	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	75,000,000	0	0	85,039,813	0		0	160,039,813	0
00000	26-3473328	Humana Health Plan of California, Inc.	22,000,000	0	0	0	2,096,052	0		0	24,096,052	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(11,488,440)	0		0	(11,488,440)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	125,000,000	0	0	0	(2,836,584)	0		0	122,163,416	0
95885	61-1013183	Humana Health Plan, Inc.	0	0	0	0	(772,761,203)	0		0	(772,761,203)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	16,484,697	0		0	16,484,697	0
00000	61-0647538	Humana Inc.	(1,372,150,000)	(160,000,000)	0	0	3,114,511,523	0		0	1,582,361,523	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	19,726	0		0	19,726	0
73288	39-1263473	Humana Insurance Company	844,290,000	0	0	0	(237,525,108)	(13,387,510)		0	593,377,382	29,795,022
60219	61-1311685	Humana Insurance Company of Kentucky	0	0	0	0	(12,614,922)	13,387,510		0	772,588	(29,795,022)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(30,590,874)	0		0	(30,590,874)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(16,484,174)	0		0	(16,484,174)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	502,810,994	0		0	502,810,994	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(8,998,859)	0		0	(8,998,859)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(11,067,333)	0		0	(11,067,333)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(5,822,650)	0		0	(5,822,650)	0
95270	61-1103898	Humana Medical Plan, Inc.	100,000,000	0	0	0	(878,051,857)	0		0	(778,051,857)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(146,612,971)	0		0	(146,612,971)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(362,942,147)	0		0	(362,942,147)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	(4,417,925)	0		0	(4,417,925)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(1,889,745)	0		0	(1,889,745)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	325	0		0	325	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	15,000,000	0	0	(130,424,827)	0		0	(115,424,827)	0
70580	39-0714280	HumanaDental Insurance Company	25,000,000	0	0	0	(37,596,503)	0		0	(12,596,503)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	568,851	0		0	568,851	0
00000	61-1239538	Humco, Inc.	0	0	0	0	1,154	0		0	1,154	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(9,615,118)	0		0	(9,615,118)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	2,148,634	0		0	2,148,634	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
65110	57-0380426	Kanawha Insurance Company	0	0	0	0	(31,683,046)	0		0	(31,683,046)	0
00000	20-1377270	KMG America Corporation	0	0	0	0	1,029	0		0	1,029	0

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1232669	Managed Care Indemnity, Inc.	6,000,000	0	0	0	(4,256,194)	0		0	1,743,806	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(10,510,809)	0		0	(10,510,809)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	346,652	0		0	346,652	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(2,048)	0		0	(2,048)	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	20	0		0	20	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	1,783,161	0		0	1,783,161	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	667,061	0		0	667,061	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(495,261)	0		0	(495,261)	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(5,921,520)	0		0	(5,921,520)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	(550,409)	0		0	(550,409)	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(3,410,991)	0		0	(3,410,991)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	(600,611)	0		0	(600,611)	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	(1,369,739)	0		0	(1,369,739)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	3,515,708	0		0	3,515,708	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	(6,858,025)	0		0	(6,858,025)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(610,377)	0		0	(610,377)	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	(595,885)	0		0	(595,885)	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(2,381,972)	0		0	(2,381,972)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	(2,405,536)	0		0	(2,405,536)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	1,719,801	0		0	1,719,801	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,893,165)	0		0	(3,893,165)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	(1,407,611)	0		0	(1,407,611)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(5,489,723)	0		0	(5,489,723)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(99,914)	0		0	(99,914)	0
54739	52-1157181	The Dental Concern, Inc.	3,500,000	0	0	0	(6,395,893)	0		0	(2,895,893)	0
00000	80-0072760	Transcend Insights, Inc.	0	0	0	0	22,246,988	0		0	22,246,988	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	7,447,960	0		0	7,447,960	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE   Humana Health Plan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....

YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....
APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....
AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....
Explanations:	
11.	This type of business is not written.
12.	This type of business is not written.
13.	This type of business is not written.
14.	This type of business is not written.
15.	This type of business is not written.
16.	This type of business is not written.
17.	No relief will be requested.
18.	No relief will be requested.
19.	No relief will be requested.
20.	This type of business is not written.
21.	This type of business is not written.

Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12.	Life Supplement [Document Identifier 205]
13.	SIS Stockholder Information Supplement [Document Identifier 420]
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
16.	Medicare Part D Coverage Supplement [Document Identifier 365]
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



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